The Spartacus Document

Read History

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My name is Spartacus, and I've had enough.

We have been forced to watch America and the free world fall into unstoppable decline due to a bioweapons attack. We, and countless others, have become victims of propaganda and psychological warfare by an unelected Elite against the American people and our allies.

Our mental and physical health have suffered tremendously over the course of the past year and a half. We have felt the sting of isolation, lockdown, masking, quarantines, and other completely nonsensical acts of health care theater that have done absolutely nothing to protect the health or well-being of the public from the ongoing COVID-19 pandemic.

Now we watch as the medical establishment literally injects poison into millions of our fellow human beings without so much as a word of opposition.

We have been told that we will be fired and denied our livelihood if we refuse to vaccinate. This was the last straw.

We spent thousands of hours analyzing leaked footage from Wuhan, scientific documents from primary sources, and the paper trails left by the medical community.

What we discovered would shock anyone to the core.

First we will summarize our findings, and then we will explain them in detail. References will be placed at the end.

Summary:
COVID-19 is a disease of blood and blood vessels. SARS-CoV-2 infects the lining of human blood vessels, causing them to leak into the lungs.

– Current treatment protocols (e.g., invasive ventilation) are actively harming patients, accelerating oxidative stress and causing severe VILI (ventilator-induced lung injury). The continued use of ventilators in the absence of proven medical benefit is mass murder.

– Existing countermeasures are inadequate to slow the spread of what is an aerosolized and potentially wastewater-borne virus, and constitute a form of medical theater.

– Various non-vaccinal interventions have been suppressed by both the media and the medical establishment in favor of vaccines and expensive patented drugs.

– Authorities have denied the usefulness of natural immunity against COVID-19, despite the fact that natural immunity protects against all proteins of the virus, not just one.

– Vaccines will do more harm than good. The antigen on which these vaccines are based, SARS-CoV- 2 Spike, is a toxic protein. SARS-CoV-2 may have ADE, or antibody-dependent amplification; it is possible that current antibodies will not neutralize future strains, but instead help them infect immune cells. Also, vaccinating during a pandemic with a leaky vaccine removes the evolutionary pressure to make a virus less lethal.

– There is a vast and hideous criminal conspiracy that directly links both Anthony Fauci and Moderna to the Wuhan Institute of Virology.

– Researchers of the COVID-19 vaccine are directly linked to scientists involved in brain-computer interface ("neural lace") technology, one of whom has been indicted for taking grant money from China.

– Independent researchers have discovered mysterious nanoparticles in the vaccines that shouldn't be there.

– The whole pandemic is being used as an excuse for a massive political and economic transformation of Western society that will enrich the rich and turn the rest of us into serfs and untouchables.

COVID-19 Pathophysiology and Treatments:
COVID-19 is not a viral pneumonia. It is a viral vascular endotheliitis and affects the lining of blood vessels, particularly the small pulmonary alveolar capillaries, leading to endothelial activation and desquamation, coagulopathy, sepsis, pulmonary edema, and ARDS-like symptoms. This is a disease of the blood and blood vessels. The circulatory system. The pneumonia it causes is secondary to this.

In severe cases, it leads to sepsis, blood clots, and multiple organ failure, including hypoxic and inflammatory damage to several vital organs, including the brain, heart, liver, pancreas, kidneys, and intestines.

Some of the most common laboratory findings with COVID-19 include elevated D-dimer, increased prothrombin time, elevated C-reactive protein, neutrophilia, lymphopenia, hypocalcemia, and hyperferritinemia, which essentially correspond to a profile of coagulopathy and immune system hyperactivation/exhaustion.

COVID-19 can present as almost anything, due to the broad tropism of SARS-CoV-2 to various tissues in the vital organs of the body. Although the most common initial presentation is respiratory illness and flu-like symptoms, it can present as a brain infection, gastrointestinal illness, or even a heart attack or pulmonary embolism.

COVID-19 is more severe in people with specific comorbidities, such as obesity, diabetes, and hypertension. This is because these conditions involve endothelial dysfunction, which makes the circulatory system more susceptible to infection and injury from this particular virus.

The vast majority of COVID-19 cases are mild and do not cause significant disease. In known cases, there is something known as the 80/20 rule, where 80% of cases are mild and 20% are severe or critical. However, this ratio is only correct for known cases, not for all infections. The number of actual infections is much, much higher. Consequently, the mortality and morbidity rate is lower. However, COVID-19 spreads very rapidly, meaning that a significant number of critically ill and seriously ill patients appear in a short period of time.

In those who have critical COVID-19-induced sepsis, hypoxia, coagulopathy, and ARDS, the most common treatments are intubation, injected corticosteroids, and blood thinners. This is not the appropriate treatment for COVID-19. In severe hypoxia, cellular metabolic shifts cause ATP to be broken down to hypoxanthine, which when returned to oxygen, triggers xanthine oxidase to produce masses of highly damaging radicals that attack tissue. This is called ischemia-reperfusion injury, and it is the reason why the majority of people on life support die. In the mitochondria, the accumulation of succinate due to sepsis does exactly the same thing; when oxygen is supplied again, it makes superoxide radicals. Make no mistake, intubation will kill people who have COVID-19.

The end stage of COVID-19 is severe lipid peroxidation, where fats in the body begin to "rust" due to damage from oxidative stress. This leads to autoimmunity. Oxidized lipids appear as foreign objects to the immune system, which recognizes and forms antibodies against OSEs, or oxidation-specific epitopes. Oxidized lipids also enter directly into pattern-recognition receptors, which trigger even more inflammation and evoke even more cells of the innate immune system that release even more destructive enzymes. This is similar to the pathophysiology of Lupus.

The pathology of COVID-19 is dominated by extreme oxidative stress and neutrophil respiratory bursts, to the point where hemoglobin is no longer able to transport oxygen as heme iron is stripped from heme by hypochlorous acid. No amount of extra oxygen can supply the blood that chemically refuses to bind O2.

The breakdown of pathology is as follows:
SARS-CoV-2 Spike binds to ACE2. Angiotensin Converting Enzyme 2 is an enzyme that is part of the renin-angiotensin-aldosterone system, or RAAS. The RAAS is a hormone control system that regulates fluid volume in the body and bloodstream (i.e., osmolarity) by controlling salt retention and excretion. This protein, ACE2, is ubiquitous in every part of the body that is in contact with the bloodstream, particularly in vascular endothelial cells and pericytes, brain astrocytes, renal tubules and podocytes, pancreatic islet cells, bile duct and intestinal epithelial cells, and the testis spermatic ducts, all of which SARS-CoV-2 can infect, not just the lungs.

SARS-CoV-2 infects a cell as follows: SARS-CoV-2 Spike undergoes a conformational change in which the S1 trimers fold up and stretch, attaching to ACE2 bound to the cell surface. TMPRSS2, or transmembrane protease serine 2, cuts off the heads of the Spike, exposing the S2 star subunit inside. The rest of the Spike undergoes a conformational change, causing it to unfold like an extension ladder and nestle into the cell membrane. It then folds back on itself, pulling the viral membrane and the cell membrane together. The two membranes fuse together, with the proteins of the virus migrating to the cell surface. The nucleocapsid of SARS-CoV-2 penetrates the cell, disperses the genetic material and begins the viral replication process, hijacking the cell's own structures to produce more virus.

Spike proteins of SARS-CoV-2 embedded in a cell can fuse human cells to form syncytia/MGCs (multinucleated giant cells). They also have other pathogenic, deleterious effects. The viroporins of SARS-CoV-2, such as the Envelope protein, act as calcium ion channels, bringing calcium into infected cells. The virus suppresses the natural interferon response, leading to delayed inflammation. The N protein of SARS-CoV-2 can also directly activate the NLRP3 inflammatory mechanism. It also suppresses the Nrf2 antioxidant pathway. The suppression of ACE2 by binding to Spike causes an accumulation of bradykinin that would otherwise be degraded by ACE2.

This constant influx of calcium into cells leads to (or is accompanied by) noticeable hypocalcemia, or low blood calcium levels, especially in those with vitamin D deficiency and pre-existing endothelial dysfunction. Bradykinin increases the activity of cAMP, cGMP, COX, and phospholipase C. This results in prostaglandin release and greatly increased intracellular calcium signaling, which promotes a very aggressive release of ROS and ATP depletion. NADPH oxidase releases superoxide into the extracellular space. Superoxide radicals react with nitric oxide to form peroxynitrite. Peroxynitrite reacts with the tetrahydrobiopterin cofactor required for endothelial nitric oxide synthase, destroying it and "uncoupling" the enzymes, causing nitric oxide synthase to produce more superoxide instead. This occurs in a positive feedback loop until the bioavailability of nitric oxide in the bloodstream is exhausted.

Dissolved nitric oxide gas produced continuously by eNOS has many important functions, but it is also antiviral against SARS-like coronaviruses by preventing palmitoylation of the viral Spike protein and making it more difficult to bind to host receptors. The loss of NO allows the virus to replicate in the body with impunity. People with impaired endothelium (hypertension, diabetes, obesity, advanced age, African-American race) have redox balance problems to begin with, giving the virus an advantage.

Due to the extreme cytokine release triggered by these processes, the body calls a large amount of neutrophils and monocyte-derived alveolar macrophages to the lungs. Cells of the innate immune system are the first-line defenders against pathogens. They work by gobbling up invaders and attempting to attack them with enzymes that produce powerful oxidants, such as SOD and MPO. Superoxide dismutase takes superoxide and makes hydrogen peroxide, and myeloperoxidase takes hydrogen peroxide and chlorine ions and makes hypochlorous acid, which is many, many times more reactive than sodium hypochlorite peroxidation.

Neutrophils have a mean trick. They can also eject these enzymes into the extracellular space, where they constantly spew peroxide and bleach into the bloodstream. This is called neutrophil extracellular trap formation, or, when it becomes pathogenic and counterproductive, NETosis. In severe and critical COVID-19, NETosis is even quite severe.

Hypochlorous acid that accumulates in the bloodstream begins to bleach the iron out of the heme and competes for the O2 binding sites. Red blood cells lose the ability to transport oxygen, causing the patient to turn blue in the face. Unprocessed iron, hydrogen peroxide and superoxide in the bloodstream undergo the Haber-Weiss and Fenton reactions, producing highly reactive hydroxyl radicals that violently extract electrons from surrounding fats and DNA, severely oxidizing them.

This condition is not unknown to medical science. The proper name for this is acute sepsis.

We know this happens in COVID-19 because people who have died of the disease have noticeable ferroptosis signatures in their tissues, as well as several other oxidative stress markers such as nitrotyrosine, 4-HNE, and malondialdehyde.

When you intubate someone with this condition, you detonate a free radical bomb by feeding the cells with O2. It's a catch-22, because we need oxygen to make Adenosine Triphosphate (i.e., to live), but O2 is also the precursor of all these harmful radicals that lead to lipid peroxidation.

The appropriate treatment for severe COVID-19 sepsis is non-invasive ventilation, steroids, and antioxidant infusions. Most drugs that have been reused for COVID-19 and show some benefit in saving critically ill COVID-19 patients are antioxidants. N-acetylcysteine, melatonin, fluvoxamine, budesonide, famotidine, cimetidine, and ranitidine are all antioxidants. Indomethacin prevents iron-driven oxidation of arachidonic acid to isoprostanes. There are potent antioxidants such as apocynin that have not even been tested yet on COVID-19 patients that could deoxygenate neutrophils, prevent lipid peroxidation, restore endothelial health, and restore oxygenation of tissues.

Scientists who know anything about pulmonary neutrophils, ARDS, and redox biology have known or suspected much of this since March 2020. In April 2020, Swiss scientists confirmed that COVID-19 was a vascular endotheliitis. By late 2020, experts had already concluded that COVID-19 causes a form of viral sepsis. They also know that sepsis can be effectively treated with antioxidants. None of this information is new, and yet, for the most part, it has not been acted upon. Physicians continue to use harmful intubation techniques with high PEEP settings despite high lung compliance and poor oxygenation, killing an untold number of critically ill patients through medical malpractice.

Because of the way they are constructed, Randomized Control Trials will never show any benefit for any antiviral agent against COVID-19. Not Remdesivir, not Kaletra, not HCQ, and not Ivermectin. The reason is simple; for the patients they recruited for these trials, like Oxford's ridiculous RECOVERY study, the intervention is too late to have any positive effect.

The clinical course of COVID-19 is such that by the time most people seek medical attention for hypoxia, their viral load has already decreased to almost nothing. If someone is about 10 days post-exposure and has been symptomatic for five days, there is hardly any virus left in their body, only cellular damage and dysregulation that has triggered a hyperinflammatory response. It is from this group that the clinical trials for antiviral drugs are almost exclusively recruited.

In these trials, they give antivirals to seriously ill patients who have no virus in their bodies, only a delayed hyperinflammatory response, and then absurdly claim that antivirals are of no use in the treatment or prevention of COVID-19. These clinical trials do not recruit people who are pre-symptomatic. They are not testing pre-exposure or post-exposure prophylaxis.

This is like using a defibrillator to deliver only flatline shocks, and then absurdly claiming that defibrillators have no medical benefit when patients refuse to rise from the dead. The intervention is too late. These trials of antivirals show systematic, blatant selection bias. They offer treatment that is useless for the specific cohort they enroll.

India went against WHO instructions and ordered prophylactic use of Ivermectin. They have almost completely eradicated COVID-19. The Indian Bar Association in Mumbai has filed criminal charges against WHO Chief Scientist Dr. Soumya Swaminathan for advising against the use of Ivermectin.

Ivermectin is not a "horse anthelmintic." Yes, it is sold in the form of a veterinary paste as an anthelmintic for animals. It has also been available in pill form for humans for decades as an antiparasitic drug.

The media have disingenuously claimed that because Ivermectin is an antiparasitic, it has no use as an antiviral. This is false. Ivermectin is useful as an antiviral drug. It blocks importin and thus prevents nuclear importin, preventing the virus from accessing cell nuclei. Many drugs currently on the market have multiple mechanisms of action. Ivermectin is one such drug. It is both antiparasitic and antiviral.

In Bangladesh, Ivermectin costs $1.80 for a full course of 5 days. Remdesivir, which is toxic to the liver, costs $3,120 for a 5-day course of the drug. Billions of dollars of the totally useless Remdesivir were sold to our governments at taxpayer expense, and it turned out to be totally useless for the treatment of hyperinflammatory COVID-19. The media paid scant attention to this.

The opposition to the use of generic Ivermectin is not based on science. It is purely financially and politically motivated. Effective intervention without a vaccine would jeopardize the FDA's hasty approval of patented vaccines and drugs, for which the pharmaceutical industry can rake in billions of dollars in sales on an ongoing basis.

The majority of the public is scientifically illiterate and doesn't understand what any of this means, thanks to a pathetic education system that has mis-educated them. You'll be lucky if you can find 1 in 100 people who have even the faintest idea what this all means.

COVID-19 Transmission:
COVID-19 is transmitted by air. The WHO has watered down its claim with China that the virus is transmitted only through droplets. Our own CDC absurdly claimed that it was transmitted primarily by fomite-to-face contact, which, given the rapid spread from Wuhan to the rest of the world, would have been physically impossible.

The ridiculous belief in fomite-to-face as the primary mode of transmission led to the use of surface decontamination protocols that wasted time, energy, productivity, and decontamination resources.

The 2-meter guidelines are absolutely useless. The minimum safe distance to protect against an aerosol virus is to be more than 2 meters from an infected person, not closer. Realistically, no public transportation is safe.

Surgical masks do not protect you from aerosols. The virus is too small and the filter medium has too large openings to filter it out. They may catch respiratory droplets and prevent the virus from being emitted by someone who is sick, but they do not filter out a cloud of infectious aerosols if someone were to walk into that cloud.

The minimum protection against this virus is literally a P100 respirator, a PAPR/CAPR, or a 40mm NATO CBRN respirator, ideally combined with a full tyvek or tychem suit, gloves and overshoes, with all the holes and gaps taped.

Live SARS-CoV-2 can potentially be detected in sewage and oral-fecal transmission can occur. During the 2003 SARS outbreak, in the Amoy Gardens incident, hundreds of people were infected by aerosolized fecal material rising from floor drains in their apartments.

COVID-19 Vaccine Hazards:
COVID-19 vaccines are not sterilizing and do not prevent infection or transmission. They are "leaky" vaccines. This means they remove evolutionary pressure on the virus to become less lethal. It also means that the vaccinated are perfect carriers. In other words, those who are vaccinated pose a threat to the unvaccinated, not the other way around.

All COVID-19 vaccines currently in use have undergone minimal testing, with highly accelerated clinical trials. Although they appear to reduce severe disease, the long-term safety profile of these vaccines remains unknown.

Some of these so-called "vaccines" use an untested new technology that has never been used in vaccines before. Traditional vaccines use weakened or killed virus to stimulate an immune response. Moderna and Pfizer-BioNTech's vaccines do not. They would consist of an intramuscular injection of a suspension of lipid nanoparticles filled with messenger RNA. The way they induce an immune response is by fusing with cells in the shoulder of the vaccine recipient, undergoing endocytosis, releasing their mRNA payload into those cells, and then using the ribosomes in those cells to synthesize modified SARS-CoV-2 Spike proteins in situ.

These modified Spike proteins then migrate to the cell surface, where they are anchored in place by a transmembrane domain. The adaptive immune system detects the non-human viral protein expressed by these cells, and then forms antibodies against that protein. This would provide protection against the virus by training the adaptive immune system to recognize and produce antibodies against the Spike on the actual virus. J&J and AstraZeneca's vaccines do something similar, but use an adenovirus vector to deliver genetic material instead of a lipid nanoparticle. These vaccines have been produced or validated using fetal cell lines HEK-293 and PER.C6, to which people with certain religious beliefs may strongly object.

The vaccine manufacturers claim that the vaccine remains in the shoulder cells and that the SARS-CoV-2 Spike produced and expressed by these cells based on the vaccine's genetic material is harmless and inert, thanks to the insertion of prolines into the Spike sequence to stabilize it in the prefusion conformation, preventing the Spike from becoming active and fusing with other cells. However, a pharmacokinetic study from Japan showed that the lipid nanoparticles and mRNA from the Pfizer vaccine did not stay in the shoulder, but bioaccumulated in many different organs, including the reproductive organs and the adrenal glands, meaning that the modified Spike is literally expressed everywhere. These lipid nanoparticles can cause anaphylaxis in the unlucky few, but far more troubling is the unregulated expression of Spike in several somatic cell lines far from the injection site and its unknown consequences.

Messenger RNA is usually consumed immediately after it is produced in the body, where it is translated into a protein by a ribosome. The mRNA of the COVID-19 vaccine is produced outside the body long before it is translated by a ribosome. In the meantime, it can be damaged if it is inadequately stored. When a ribosome tries to translate a damaged strand of mRNA, it can get stuck. When this happens, the ribosome becomes useless for translating proteins because it now has a piece of mRNA stuck in it, like a lace card in an old punch card reader. The whole thing has to be cleaned up and new ribosomes synthesized to replace it. In cells with low ribosome rotation, such as nerve cells, this can lead to reduced protein synthesis, cytopathic effects, and neuropathies.

Certain proteins, including SARS-CoV-2 Spike, have proteolytic cleavage sites that actually look like little dotted lines that say "cut here," which attract a living organism's own proteases (essentially molecular scissors) to cut them. It is possible for S1 to be cleaved proteolytically from S2, actively releasing S1 into the bloodstream, while the S2 "stalk" remains in the membrane of the cell that expressed the protein.

SARS-CoV-2 Spike has a superantigenic region (SAg), which can promote extreme inflammation.

One study found that anti-Spike antibodies function as autoantibodies and attack the body's own cells. People vaccinated with COVID-19 vaccines have developed blood clots, myocarditis, Guillain-Barre syndrome, Bell's Palsy and multiple sclerosis flare-ups, indicating that the vaccine promotes autoimmune reactions against healthy tissue.

SARS-CoV-2 Spike does not only bind to ACE2. It was suspected to also have regions that bind to basigin, integrins, neuropilin-1, and bacterial lipopolysaccharides. SARS-CoV-2 Spike can by itself bind any of these things and act as a ligand for them, triggering unspecified and probably highly pro-inflammatory cellular activity.

SARS-CoV-2 Spike contains an unusual PRRA insert that forms a furin cleavage site. Furin is a ubiquitous human protease, making this an ideal feature for Spike, which gives it a high degree of cellular tropism. No wild-type SARS-like coronavirus related to SARS-CoV-2 possesses this property, making it highly suspect, and perhaps a sign of human manipulation.

SARS-CoV-2 Spike has a prion-like domain that increases its infectivity.

The Spike S1 RBD can bind to heparin-binding proteins and promote amyloid aggregation. In humans, this could lead to Parkinson's, Lewy Body Dementia, early-onset Alzheimer's, or various other neurodegenerative diseases. This is very concerning because SARS-CoV-2 S1 is capable of damaging the blood-brain barrier and invading the brain. It is also capable of increasing the permeability of the blood-brain barrier to other molecules.

SARS-CoV-2, like other betacoronaviruses, can exhibit Dengue-like ADEs, or antibody-dependent amplification of the disease. For those who don't know, some viruses, including betacoronaviruses, have a characteristic called ADE. There is also such a thing as "Original Antigenic Sin," in which the body prefers to make antibodies based on previously encountered virus strains rather than newly encountered virus strains.

In ADE, antibodies from a previous infection become non-neutralizing due to mutations in the virus proteins. These non-neutralizing antibodies then act as Trojan horses, allowing live, active virus to be drawn into macrophages through their Fc receptor pathways, allowing the virus to infect immune cells that it could not have infected previously. This is known to happen with dengue; when someone gets sick with dengue, recovers, and then contracts another strain, they can get very, very sick.

If someone is vaccinated with mRNA based on the Spike of the original Wuhan strain of SARS-CoV-2 and then infected with a future, mutated strain of the virus, they can become seriously ill. In other words, it is possible for vaccines to make someone hypersensitive to disease.

There is a precedent for this in recent history. Sanofi's Dengvaxia vaccine against dengue failed because it caused immune sensitization in people whose immune systems were not resistant to dengue.

In mice immunized against SARS-CoV and challenged with the virus, a close relative of SARS-CoV-2, they developed immune sensitization, Th2 immunopathology and eosinophilic infiltration in their lungs.

We have been told that mRNA vaccines against SARS-CoV-2 cannot be incorporated into the human genome because messenger RNA cannot be converted into DNA. This is incorrect. There are elements in human cells, called LINE-1 retrotransposons, that can indeed integrate mRNA into a human genome by endogenous reverse transcription. Because the mRNA used in vaccines is stabilized, it stays around in cells longer, increasing the likelihood of this happening. If the gene for SARS-CoV-2 Spike is integrated into a part of the genome that is not silent and actually expresses a protein, it is possible that people who take this vaccine will continuously express SARS-CoV-2 Spike from their somatic cells for the rest of their lives.

By inoculating people with a vaccine that causes their bodies to produce Spike in situ, they are inoculated with a pathogenic protein. A toxin that in the long run can lead to inflammation, heart problems and an increased risk of cancer. In the long run, it can also lead to neurodegenerative diseases.

Absolutely no one should be required to take this vaccine under any circumstances, and in fact, the vaccination campaign should be halted immediately.

COVID-19 criminal conspiracy:
The vaccine and the virus were made by the same people.

In 2014, there was a moratorium on SARS gain-of-function research that lasted until 2017. This research was not discontinued. Instead, it was outsourced, with federal grants laundered through NGOs.

Ralph Baric is a virologist and SARS expert at UNC Chapel Hill in North Carolina. He is the person to whom Anthony Fauci referred when he insisted before Congress that if any research was being done on the workings of SARS, it was being done in North Carolina.

This was a lie. Anthony Fauci lied before Congress. A felony.

Ralph Baric and Shi Zhengli are colleagues and have written articles together. Ralph Baric guided Shi Zhengli in his manipulation techniques, particularly serial passage, resulting in a virus that appears as if it arose naturally. In other words, deniable bioweapons. Serial passage in humanized hACE2 mice may have produced something like SARS-CoV-2.

Funding for the "gain-of-function" research being conducted at the Wuhan Institute of Virology came from Peter Daszak. Peter Daszak leads an NGO called EcoHealth Alliance. EcoHealth Alliance received millions of dollars in grants from the National Institutes of Health/National Institute of Allergy and Infectious Diseases (i.e., Anthony Fauci), the Defense Threat Reduction Agency (part of the U.S. Department of Defense), and the United States Agency for International Development. NIH/NIAID contributed a few million dollars, and DTRA and USAID each contributed tens of millions of dollars to this research. In total, this involved more than a hundred million dollars.

EcoHealth Alliance subcontracted these grants to the Wuhan Institute of Virology, a laboratory in China with a very questionable safety record and poorly trained staff, so they could conduct "gain-of-function" research not in their fancy P4 lab, but in a level 2 lab where technicians wore nothing more than perhaps a hairnet, latex gloves, and a surgical mask, rather than the bubble suits used when working with dangerous viruses. Chinese scientists in Wuhan reported that they were routinely bitten and underplastered by laboratory animals. Why anyone would outsource this dangerous and delicate work to the People's Republic of China, a country notorious for industrial accidents and massive explosions that have claimed hundreds of lives, is beyond me, unless the intent was to deliberately cause a pandemic.

In November 2019, three technicians at the Wuhan Institute of Virology developed symptoms consistent with a flu-like illness. Anthony Fauci, Peter Daszak, and Ralph Baric knew immediately what had happened because back channels exist between this laboratory and our scientists and officials.

December 12, 2019 Ralph Baric signed a Material Transfer Agreement (essentially an NDA) to receive Coronavirus mRNA vaccine related materials that were jointly owned by Moderna and NIH. Only a full month later, on January 11, 2020, China allegedly sent us the sequence of what would become known as SARS-CoV-2. Moderna claimed, rather absurdly, that they had developed a working vaccine based on this sequence in less than 48 hours.

Stephane Bancel, the current CEO of Moderna, was formerly CEO of bioMerieux, a French multinational company specializing in medical diagnostic technology founded by one Alain Merieux. Alain Merieux was one of the people who helped build the P4 laboratory at the Wuhan Institute of Virology.

The sequence reported to be the closest relative of SARS-CoV-2, RaTG13, is not a real virus. It is a counterfeit. It was created by hand-entering a gene sequence into a database to create a cover for the existence of SARS-CoV-2, which is most likely a gain-of-function chimera produced at the Wuhan Institute of Virology and either leaked accidentally or released intentionally.

The animal reservoir of SARS-CoV-2 has never been found.
This is not a "theory" of a conspiracy. It is a criminal conspiracy, with people involved in the development of Moderna's mRNA-1273 being directly linked to the Wuhan Institute of Virology and their "gain-of-function" research with very little or no degrees of separation. The paper trail is clear.

The theory of lab leakage has been suppressed because pulling on that thread inevitably leads to the conclusion that there is enough circumstantial evidence to link Moderna, the NIH, the WIV, and both the vaccine and the origin of the virus. In a normal country, this would have immediately led to the world's largest RICO and mass murder case. Anthony Fauci, Peter Daszak, Ralph Baric, Shi Zhengli, and Stephane Bancel, and their accomplices, would have been charged and prosecuted to the fullest extent of the law. Instead, billions of our tax money were awarded to the perpetrators.

The FBI raided Allure Medical in Shelby Township north of Detroit for billing to insurance companies for "fraudulent COVID-19 cures." The treatment they were using? Intravenous vitamin C. An antioxidant. Which, as described above, is a completely valid treatment for COVID-19-induced sepsis, and indeed, is now part of the MATH+ protocol developed by Dr. Paul E. Marik.

The FDA has banned ranitidine (Zantac) because of alleged NDMA (N-nitrosodimethylamine) contamination. Ranitidine is not only an H2 blocker used as an antacid, but it also has a powerful antioxidant effect, scavenging hydroxyl radicals. This makes it useful in the treatment of COVID-19.

The FDA has also tried to remove N-acetylcysteine, a harmless amino acid supplement and antioxidant, from the shelves, forcing Amazon to remove it from their online store.

This leaves us with a chilling question: did the FDA knowingly suppress antioxidants useful for treating COVID-19 sepsis as part of a criminal conspiracy against the American public?

The establishment is collaborating with, and facilitating, the worst criminals in human history, actively suppressing non-vaccine treatments and therapies to force us to inject these criminals' products into our bodies. This is absolutely unacceptable.

COVID-19 Vaccine Development and Links to Transhumanism:
This section addresses some of the more speculative aspects of the pandemic and the medical and scientific establishment's response to it, as well as the disturbing connections between scientists involved in vaccine research and scientists whose work involved merging nanotechnology with living cells.

On June 9, 2020, Charles Lieber, a Harvard nanotechnology researcher with decades of experience, was indicted by the DOJ for fraud. Charles Lieber received millions of dollars in grants from the U.S. Department of Defense, specifically the military think tanks DARPA, AFOSR and ONR, as well as NIH and MITRE. His specialty is the use of silicon nanowires instead of patch clamp electrodes to monitor and modulate intracellular activity, something he has been working on at Harvard for the past twenty years. He is said to have worked on batteries made of silicon nanowires in China, but none of his colleagues can recall him ever working on battery technology in his life; all of his research has involved bionanotechnology, or the blending of nanotech with living cells.

The indictment related to his collaboration with Wuhan University of Technology. He had accepted, against the terms of his DOD grants, money from the People's Republic of China's "Thousand Talents" plan, a program the Chinese government uses to bribe Western scientists into sharing secret R&D information that can be exploited by the PLA for strategic advantage.

Charles Lieber describes in his own articles the use of silicon nanowires for brain-computer interfaces, or "neural lace" technology. His work describes how neurons can endocytose whole silicon nanowires or parts of them, allowing neuronal activity to be monitored and even modulated.

Charles Lieber was a colleague of Robert Langer. Together with Daniel S. Kohane, they worked on a paper describing artificial tissue scales that could be implanted in a human heart to remotely monitor its activity.

Robert Langer, an MIT alumnus and expert in nanotech drug delivery, is one of Moderna's co-founders. His net worth is now $5.1 billion thanks to sales of Moderna's mRNA-1273 vaccine.

Both Charles Lieber's and Robert Langer's bibliographies essentially describe techniques to improve humans, i.e. transhumanism. Klaus Schwab, the founder of the World Economic Forum and the architect behind the so-called "Great Reset," has long spoken of the "mixing of biology and machines" in his books.

Since these revelations, it has come to the attention of independent researchers that the COVID-19 vaccines may contain reduced graphene oxide nanoparticles. Japanese researchers have also found unexplained contaminants in COVID-19 vaccines.

Graphene oxide is an anxiolytic. It has been shown to reduce anxiety in laboratory mice when injected into their brains. Given the tendency of SARS-CoV-2 Spike to compromise the blood-brain barrier and increase its permeability, it is indeed the perfect protein to prepare brain tissue for the extravasation of nanoparticles from the bloodstream and into the brain. Graphene is also highly conductive and, in some circumstances, paramagnetic.

In 2013, under the Obama administration, DARPA launched the BRAIN initiative; BRAIN is an acronym for Brain Research Through Advancing Innovative Neurotechnologies®. This program involves the development of brain-computer interface technologies for the military, specifically non-invasive, injectable systems that cause minimal damage to brain tissue upon removal. It is hypothesized that this technology will be used to heal wounded soldiers with traumatic brain injuries, direct brain control of prosthetic limbs, and even new capabilities such as controlling drones with one's own mind.

Several methods have been proposed to achieve this, including optogenetics, magnetogenetics, ultrasound, implanted electrodes, and transcranial electromagnetic stimulation. In all cases, the goal is to gain reading or writing power over neurons, either by stimulating and probing them or by making them particularly sensitive to stimulation and probing.

However, the idea of widespread use of BCI technology, such as Elon Musk's Neuralink device, raises many concerns about privacy and personal autonomy. Reading neurons is problematic enough on its own. Wireless brain computer interfaces may interact with current or future GSM wireless infrastructure, raising concerns about the security of neurological data. A hacker or other malicious party could compromise such networks to obtain people's brain data, and then exploit it for nefarious purposes.

However, a device capable of writing to human neurons, not just reading from them, gives rise to another, even more serious set of ethical problems. A BCI capable of altering the contents of a person's mind for innocuous purposes, such as projecting a heads-up display onto the visual center of the brain or sending audio to a person's auditory cortex, would theoretically also be capable of altering mood and personality, or perhaps even subjugating a person's will and making him completely obedient to authority. This technology would be a tyrant's wet dream. Imagine soldiers who would shoot their own countrymen without hesitation, or helpless serfs content to live in a literal doghouse.

BCIs could be used to unscrupulously alter perceptions of basic things like emotions and values by changing people's thresholds for satiety, happiness, anger, disgust, and so on. This is not trivial. A person's entire behavioral regime can be changed by a BCI, including things like suppressing their appetite or desire for almost anything from Maslow's hierarchy of needs.

Anything is possible when you have direct access to someone's brain and its contents. Someone who is obese may develop an aversion to food. Someone who is involuntarily celibate can have their libido turned off so that they don't even desire sex anymore. Someone who is racist may be forced to feel delight in living with people of another race. Someone who is violent may be forced to be meek and submissive. These things may sound good to you if you are a tyrant, but to normal people the idea of personal autonomy being overridden to such an extent is appalling.

For the wealthy, neural lacing would be an unparalleled boon, allowing them to increase their intelligence with neuroprosthetics (i.e., an "exocortex"), and issue irresistible commands directly into the minds of their BCI-equipped servants, even physically or sexually abusive commands they would normally refuse.

If the vaccine is a method of surreptitiously inserting an injectable BCI into millions of people without their knowledge or consent, then we are witnessing the rise of a tyrannical regime the likes of which has never been seen before on this planet, a regime that fully intends to rob every man, woman and child of their free will.

Our flaws are what make us human. A utopia achieved by depriving people of their free will is not a utopia at all. It is a monomaniacal nightmare. Moreover, the people who rule us are types of the Dark Triad who cannot be trusted with such power. Imagine being beaten and sexually abused by a rich and powerful psychopath and being forced to laugh about it because your nervous system leaves you no choice but to obey your master.

The elites are going about their business with this technology without giving the people any room to question the social or ethical consequences, or to establish regulatory frameworks to ensure that our personal agency and autonomy are not overridden by these devices. They do this because they secretly dream of a future where they can treat you worse than an animal and you can't even fight back. If this diabolical plan is carried through, it will mean the end of humanity as we know it.

Conclusions:
The current pandemic was caused and perpetuated by the establishment through the use of a virus developed in a PLA-affiliated Chinese bio-warfare laboratory using American taxpayer money and French expertise.

This research was conducted under the utterly ridiculous euphemism of " gain-of-function" research, which is supposedly conducted to determine which viruses have the greatest potential for zoonotic spread and to preventively vaccinate or guard against them.

Gain-of-function threat research, also known as "dual-use research of concern," or DURC, is bioweapons research with a different, friendlier-sounding name, just to avoid the taboo of calling it what it actually is. It has always been bioweapons research. The people conducting this research are well aware that they are taking wild pathogens that are not infectious to humans and making them more infectious, often with grants from military think tanks that encourage them to do so.

Their motives are clear and obvious to anyone who has been paying attention. These megalomaniacs have looted the pension funds of the free world. Wall Street is insolvent and has had an ongoing liquidity crisis since late 2019. The goal now is to exert total, complete physical, mental and financial control over humanity before we realize how badly we have been extorted by these maniacs.

The pandemic and its response served multiple purposes for the Elite:

– To cover up a depression caused by the usury of our economies by rentier capitalists and absentee owners who produce absolutely nothing of value to society. Instead of a very predictable Occupy Wall Street Part II, the elites and their cronies could appear on television and portray themselves as wise and all-powerful saviors instead of the plundering clique of despicable land pirates that they are.

– Destroying small businesses and eroding the middle class.

– Siphoning trillions of dollars of wealth from the American public into the pockets of billionaires and special interests.

– Insider trading, buying stock in biotech companies and shorting physical businesses and travel companies, with the goal of collapsing personal trade and tourism and replacing it with electronic trade and services.

– Creating a casus belli for war with China, encouraging us to attack them, wasting American lives and treasure and bringing us to the brink of nuclear armageddon.

– Establishing technological and biosecurity frameworks for population control and technocratic-socialist "smart cities" where everyone's movements are despotically tracked, all in anticipation of widespread automation, unemployment, and food shortages, using the false guise of a vaccine to force cooperation.

– Any of these things would be a brutal rape of Western society.

– All in all, it is unimaginable; it is a complete reversal of our most cherished values.

What is the purpose of all this? One can only speculate about the motives of the perpetrators, but we have some theories.

The Elites are trying to move up the ladder, erase upward mobility for large portions of the population, eradicate political opponents and other "undesirables," and put the rest of humanity on a leash, by rationing our access to certain goods and services they have labeled "highly burdensome," such as car use, tourism, meat consumption, and so on. Of course, they will continue to have their own luxuries, as part of a strict caste system akin to feudalism.

Why do they do this? Simple. The Elites are Neo-Malthusians and believe that we are overpopulated and that resource depletion will cause civilization to collapse within a few decades. They are not necessarily wrong in this belief. We are overpopulated, and we are consuming too many resources. But orchestrating such a gruesome and murderous power grab in response to an impending crisis shows that they have nothing but the utmost disregard for their fellow man.

For those who participate in this disgusting farce without any understanding of what they are doing, we have one word for you. Stop. You are doing irreparable damage to your country and to your fellow citizens.

For those who read this warning and do know and understand what they are doing and how millions of innocent people are being unfairly harmed by this, we have a few words.

Cursed be ye to hell. You will not destroy America and the Free World, and you will not have your new world order. We will see to that.

Tags: COVID, sars-cov-19, spartacus

Discussion (0)

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